# VOCATIONAL REHABILITATION AS EDUCATION

## AN ANALYSIS OF VOCATIONAL REHABILITATION SERVICES RENDERED IN POLK COUNTY FLORIDA DURING FISCAL YEAR ENDED JUNE 30, 1948

CARLOS P. MULLIN

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## AN ANALYSIS OF VOCATIONAL REHABILITATION SERVICES RENDERED IN POLK COUNTY FLORIDA DURING FISCAL YEAR ENDED JUNE 30, 1948

A Thesis

Presented to

The Faculty of the School of Education

Florida Southern College

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts in Education

By

Carlos P. Mullin

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A Thesis

Presented to

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Florida Southern College

Written Under the Direction of

Professor Edward L. Fleming

June 27, 1949
Date

Edward L. Fleming Jr.
Adviser

(STATEMENT OF ACCEPTANCE OF READING COMMITTEE)

The undersigned members of the reading committee of Carlos P. Mullin have examined his thesis, Vocational Rehabilitation as Education, and recommend its acceptance.

Edward L. Hemingway

Donald A. Thompson

Representatives of the
Graduate Committee

June 27 1944.

Date of Submission to the
Chairman of the Graduate
Committee

## ACKNOWLEDGMENTS

It was the purpose of this thesis to develop an understanding of the Vocational Rehabilitation Service. The scope of this study was confined geographically to the confines of Polk County, Florida and chronologically to the fiscal year ended June 30, 1948.

The writer is grateful to Professor Edward L. Fleming, under whose direction the study was conducted, and to Mr. Claud M. Andrews, State Director of Vocational Rehabilitation Services for Florida, for his assistance and cooperation in making the study possible. To Miss Dolores Prida, Chief Clerk of the Tampa District Office of Vocational Rehabilitation, the writer is deeply grateful for her assistance in conducting the audit necessary to this study.

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# CHAPTER I

## THE PROBLEM AND DEFINITIONS OF TERMS USED

Employment for the vocationally handicapped has for many years been a problem both to the incapacitated individual as well as to the society of which he is a part. To meet this problem, Federal and State legislation has been enacted creating the Vocational Rehabilitation Service to serve these individuals in ways necessary to restore them to adequate and gainful employment. Proponents of the Service claim that the program is economically sound, but none of these have presented conclusive evidence to substantiate this contention.

### I. THE PROBLEM

Statement of the problem. It was the purpose of this report to develop an understanding of (1) the Vocational Rehabilitation Service; (2) the need for it; (3) its origin and legislative background; (4) organization and administration; (5) the financing of the service; and (6) the services rendered, since these factors were essential to an understanding of the conclusions drawn from this study.

## II. DEFINITIONS OF TERMS USED

Vocational Rehabilitation Service. The Vocational Rehabilitation Service is comprised of all federal and state personnel employed under the authority of the Civilian Vocational Rehabilitation Act of June 2, 1920[1] and its subsequent amendments and empowered to carry out the provisions thereof[2]. This personnel ranges from Federal Administration at the top federal level to the District Counselor at the lowest state level, as well as clerical workers at all levels.

Vocational rehabilitation. Vocational rehabilitation may be defined as both a process and a status. As a process, it is the rendering of a series of services to the vocationally handicapped individual in order to prepare him mentally, physically, and vocationally to engage in remunerative employment. As a status, rehabilitation is the condition, from a vocational standpoint, of an individual who has been prepared for and is employed at remunerative employment consistent

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[1]U. S. Office of Education, Administration of Vocational Rehabilitation, Vocational Division Bulletin No. 113, Vocational Rehabilitation Series No. 12, U. S. Government Printing Office, Washington, D. C. Revised 1938, pp. 53-58.

[2]U. S. Government Printing Office, Public Law 113, 78th Congress, Chapter 190, 1st Session, H. R. 2536, U. S. Government Printing Office, Washington, D. C. pp. 1-7.

with his mental, physical, and vocational abilities[3]. Obviously, certain individuals will require more services than others, but it is the intent of the Act that the individual be adequately served in the light of his needs.

Status 0 -- Referred. The status of a person who has applied or been referred for rehabilitation, whether by letter, by application or referral form for vocational rehabilitation, by telephone, by direct contact, or otherwise. The minimum information required to place a case in this status shall be (1) date of referral; (2) source of referral; (3) name and address; (4) age; and (5) disability[4]. With this information the case worker is able to begin investigation of the individual's case.

Status 1 -- Accepted. Cases in this status have been investigated and interviewed, Vocational Rehabilitation services have been interpreted to the client, general medical examination has been obtained, an employment handicap having its origin in a disability has been recognized, and rehabilitation services seem applicable to a successful solution of

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[3]U. S. Office of Education, Vocational Guidance in Rehabilitation Service, Vocational Education, Bulletin No. 148, Vocational Rehabilitation Series No. 20, U. S. Government Printing Office, Washington, D. C. Revised 1935. Introduction p. 1.

[4]U. S. Office of Vocational Rehabilitation, Instructions for Case Status Classification, U. S. Office of Vocational Rehabilitation, Washington, 25, D. C. Revised 1946. p. 1.

the client's problem. Briefly put, the client's need and probable receptivity to rehabilitation service has been determined[5]. It does not necessarily follow that the client's diagnosis at this point is completed. Through Status 1 the client has only been proven to have an existing handicap and is receptive to service, and further medical or psychiatric examination may disqualify the client due to severity of condition or prognosis as to client's life expectancy.

Status 2 -- Counselling and Planning. Cases in this status are undergoing completion of the physical and vocational diagnosis. This includes necessary contacts or visits to obtain additional family, school, social, medical, and work histories; the administration of selected psychological tests; obtaining of additional medical or psychiatric examination; survey of job requirements and preparation facilities; and determination of secondary or related problems. The client is assisted in achieving an understanding of his problems, abilities, and resources. His cooperation is obtained in formulating a plan of rehabilitation[6]. This is a period in which a great deal of care

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[5] Ibid., p. 3.

[6] Ibid., p. 3.

and ingenuity must be exercised by the rehabilitation counselor if successful rehabilitation is to be expected. It is during this period that the client-counselor relationship is to be improved to its maximum. The client during this period is, with proper counsel, usually able to build up attitudes toward himself, the counselor and others that will be of definite value to him during his rehabilitation and later employment.

Status 3 -- Plan Completed. Cases in this status are those whose rehabilitation plans have been worked out, submitted to and have been approved by the proper supervising officials, but for whom service has not actually been initiated[7]. This is the point at which the counselor is now ready to write authorizations for the various services that are included in the client's rehabilitation plan and which are to be purchased.

Status 4 -- Physical Restoration. Cases in this status are receiving medical, surgical, psychiatric or therapeutic treatment, or being fitted with an artificial appliance[8]. This status also includes hospitalization and physio-therapy.

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[7] Ibid., p. 3.

[8] Ibid., p. 4.

Status 5 -- Training. Cases in this status are those whose plan of preparation for a job includes one or a combination of the following, and the training has been started: (1) school training in a public or private school; (2) employment training in a commercial or industrial establishment under employment conditions; (3) other training by an individual teacher or instructor, or by correspondence[9].

Status 6 -- Ready for Employment. Cases that have completed their preparation for employment (counselling, planning, treatment, appliance, training, etc.) and are ready to accept a job but have not yet been placed[10]. Any given case may have received only one of these services or all of them, depending upon his needs. Clients should never be allowed to remain in this status longer than absolutely necessary or much of the client's gain in enthusiasm may be lost.

Status 7 -- In Employment. Cases that have completed preparation for a job, are employed, and are being observed for a period of time before closure to insure adequacy of

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[9] Ibid., p. 4.

[10] Ibid., p. 4.

[9]Ibid., p. 5.

[10]Ibid., p. 6.

employment in accordance with the plan[11]. This period is variable depending upon the client's particular disability. This status is the point toward which all efforts of the Rehabilitation Service and the client have been directed.

Status 8 -- Service Interrupted. Cases for whom service was interrupted while they were in any status from 1 through 7. Such cases are held in this status pending their return to another status or pending closure[12]. Intercurrent illness, family reasons, and other causes often necessitate placement of case in this status. Cases in this status require, as a rule, increased supervision, lest by the imposed inactivity of service they tend to lose determination to continue toward their ultimate rehabilitation.

Status 12 -- Employed. Cases closed from any status who have received rehabilitation service and who are adequately employed at the time of closure[13]. This is the closure status of the case that has terminated in successful rehabilitation.

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[11] Ibid., p. 4.

[12] Ibid., p. 4.

[13] Ibid., p. 4.

Status 13 -- Unemployed. Cases closed after the rehabilitation plan was agreed upon and approved by the proper supervising official and who have received rehabilitation service but who never reached the point of employment because of personnel factors, illness, aggravated disability, death, etc.[14] Some cases reach this status when they unexpectedly move away and do not advise the Service of their whereabouts.

Status 14 -- Transferred to Other Agency. This is the closed case status of a case permanently removed from the agency case load by transfer to an outside agency or by acceptance of transfer to another state[15].

Status 15 -- Closed, Other Reasons. Cases closed immediately following acceptance, during process of counselling, or prior to initiation of a rehabilitation plan. Indifference of client, probable increase in degree of disability of client, loss of contact with client, or unavailability of client for any reason are likely reasons for closure at this stage. The case worker must have ascertained a definite reason for closure in this status,

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[14] Ibid., p. 4.

[15] Ibid., p. 5.

and the reason must be substantiated by evidence in the case file folder[16].

Training. Training as used in this thesis covers (1) formal school training in a public or private school; (2) employment training on the job; (3) tutorial; (4) correspondence school; and (5) prevocational training. An example of prevocational training may be illustrated by lessons in lip reading for the deaf-mute or speech training for those with heavy speech impediments.

Counsel and Guidance. These terms describe the processes by which the rehabilitation counselor assists the client to become cognizant of his problems, his abilities, and his self worth, as well as the procedure necessary to reach his job objective. Both the directive and non-directive techniques may be brought into play to establish rapport and assist the client in making his decisions.

Physical Restoration. This term includes all medical, psychiatric and surgical treatment. Hospitalization and physical therapy, as well as prosthesis, are included here. However, in no case shall hospitalization exceed 90 days[17].

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[16] Ibid., p. 5.

[17] Florida State Department of Education, Florida State Plan for Vocational Rehabilitation, Division of Vocational Rehabilitation, Tallahassee, Florida. Chapter V, Section F, Subsection 2, Item B, p. 20A.

Placement. This term as used designates the placing of a client in remunerative employment adequate to his physical and mental ability.

Eligibility. Eligibility for Vocational Rehabilitation Service is based upon the factors of residence, disability, vocational handicap, and potential employability. Residence in the state is defined as a place where an individual lives voluntarily and for other than a temporary purpose. To be eligible an applicant must have a disability which constitutes a substantial handicap to his proper vocational adjustment. Furthermore, he must be potentially employable[18].

Feasibility. Feasibility for rehabilitation services is dependent upon physical, mental, educational, social factors, attitudes, and employment opportunities of the individual[19]. Obviously, a 90-year old amputee might be eligible on the basis of his amputation, but certainly not feasible due to his advanced age.

Economic Need. Reference here is made to the client's inability to bear the financial cost of service which he

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[18] Ibid., Sections A, B, C, p. 17.

[19] Ibid., Section "D", p. 17.

needs to render him employable. Standards are established and published according to the State Plan[20]. Diagnosis, counsel, guidance, tuition and placement are services rendered without regard to economic need.

Referral. A referral is a person who has made application for rehabilitation service or for whom application has been made by another individual or agency[21].

Prosthesis. By prosthesis is meant the fitting of the individual with any artificial appliance, e.g., artificial eye, limb, or braces, and this service is rendered on the basis of Economic Need[22].

Diagnosis. Diagnosis includes adequate medical, psychiatric, and psychological examination, as well as socio-economic history of the individual[23].

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[20] Ibid., Section "F", p. 19A.

[21] Supra, p. 3.

[22] Florida State Department of Education, Florida State Plan for Vocational Rehabilitation, Division of Vocational Rehabilitation, Tallahassee, Florida, Chapter V, Section "F", Subsection 2, Item B, p. 20.

[23] U. S. Office of Vocational Rehabilitation, Instructions for Completing Report of Services Form VR:RS-6, U. S. Office of Vocational Rehabilitation, Washington 25, D. C. Revised June 1946. p. 3.

## III. DELIMITATIONS

Vocational Rehabilitation Service is provided in each of the United States, and in Alaska, Hawaii, and Puerto Rico[24]. This study, however, was limited geographically to the confines of Polk County, Florida and chronologically to the fiscal year ended June 30, 1948. Tables and calculations in this paper take into consideration only those cases which have been investigated, rejected or accepted, and rendered services. Full consideration to 83 cases in referred status is given since they were under investigation even though no direct in-service expenditures had been made. All cases, including these, were given full and complete consideration.

## IV. THE NEED FOR THE STUDY

Great numbers of citizens were unemployed as a result of physical or mental handicaps incurred through accident, illness, or from congenital cause which constitute vocational handicaps. Dr. Kessler points out[25], that during the 4 years of World War II between 17,000 and 18,000 military casualties

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[24] U. S. Government Printing Office, Public Law 113, 78th Congress, Chapter 190, 1st Session H. R. 2536, U. S. Government Printing Office, Washington, D. C. p. 1.

[25] U. S. Office of Vocational Rehabilitation, Physical Rehabilitation of the Amputee, Rehabilitation Standards Memorandum No. 6, U. S. Government Printing Office, Washington, D. C. p. 1.

in the United States forces resulted in amputations. During the same period a minimum of 120,000 civilians suffered amputations from disease, injury, or congenital deformity. Further proof of the great number of persons needing rehabilitation is thrown in bold relief by the estimate that 7 persons out of every thousand population are physically disabled and in need of Vocational Rehabilitation Services[26]. Measuring the population of Polk County, Florida by this estimate, there are at least 787 persons in need of rehabilitation since the 1945 census gives the population for Polk County as 112,429 persons.

An idea of the staggering economic loss of man-hours in production, with the attendant burden of support of the handicapped individual being borne by either family, friends, or at governmental expense, can be gathered from these figures published recently. On an average day about 7 million people are unable to follow their normal pursuits on account of illness, injury, or other disablement. About half of these people have been unable to work for at least 6 months[27].

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[26] South Carolina Division of Vocational Rehabilitation, The South Carolina Rehabilitation News, Vol. III, No. 7, South Carolina Department of Education, Columbia, S. C. August 1948. p. 3.

[27] U. S. Office of Vocational Rehabilitation, Vocational Rehabilitation for Civilians, U. S. Government Printing Office, Washington, D. C. Revised June 1948. p. 5.

The nation's toll from accidents alone in the home and factory, on the highway, and on the farm is the loss of 5 billion dollars a year and the waste of 350 million man-days of labor[28].

Consideration of the estimated 787 disabled civilians in need of rehabilitation would indicate a loss of 187,306 man-days labor after allowance for 2 weeks of vacation and 12 days of sick leave that could be expected for a normal individual.

Reference to a table of Federal income tax indicates an exemption of $600.00 per year for a single individual[29]. Using this figure as a basis for calculation, an estimated expenditure of $472,200 is borne by either the family, friends, or welfare agencies, or a combination of these to support the disabled person and his dependents.

The desire on the part of the handicapped individual to be self-supporting and economically independent is present at about the same ratio as is found among the non-handicapped. The writer's experience has been that a large proportion of these individuals have an intense desire to overcome their handicap and succeed. There are those, however, who are not

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[28] Ibid., p. 5.

[29] U. S. Bureau of Internal Revenue, Declaration of Estimated Income Tax by Individuals 1948, Form 1040ES, U.S. Government Printing Office, Washington, D. C.

of a mind to avail themselves of rehabilitation services and put forth the effort required to succeed. These, however, are in an extremely small minority. It has been gratifying during the past 5 years to observe the manner in which the handicapped persons put forth their best efforts to obtain their vocational objective and to sense the feeling of self-worth which is a concomitant of their achievement.

The origin and legislative background of Vocational Rehabilitation Service lay in the Civilian Vocational Rehabilitation Act of June 2, 1920[30]. The Congress at this time enacted into law the legislation required to set up the organization for servicing the physically handicapped to return him to suitable, gainful employment. Subsequent amendments have been made to the Act, the latest being Public Law 113[31] under the authority of which physical restoration can be carried out, thus eliminating the necessity of training an individual around a disability that can be removed or substantially reduced.

Collateral legislation at the state level was passed

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[30] U. S. Office of Education, Administration of Vocational Rehabilitation, Vocational Division Bulletin No. 113, Vocational Rehabilitation Series No. 12, U. S. Government Printing Office, Washington, D. C., pp. 53-58.

[31] U. S. Government Printing Office, Public Law 113, 78th Congress, Chapter 190, 1st Session H. R. 2536, U. S. Government Printing Office, Washington, D. C., p. 3.

in the State of Florida in 1925, accepting the provisions of the Civilian Vocational Rehabilitation Act of June 2, 1920[32].

In 1939, the Florida Legislature enacted the Florida School Code, a portion of which provided for the utilization of state and county funds for maintenance of physically handicapped persons in training subject to regulations of the State Board[33].

In 1943, the Florida Legislature enacted Chapter 22063 (No. 429), "An act to provide vocational rehabilitation services to disabled persons not otherwise provided for". The act authorized the State Board for Vocational Education to provide physical restoration for vocational rehabilitation purposes[34].

The operation of certain collateral laws affect either directly or indirectly the program of vocational rehabilitation in Florida. They are[35]:

(1) Chapter 20910 to provide for the education of physically handicapped children.

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[32] Florida State Department of Education, Florida State Plan for Vocational Rehabilitation, Division of Vocational Rehabilitation, Tallahassee, Florida. Part I, Chapter 1, Section "A", Subsection 1. p. 1.

[33] Ibid., Chapter 1, Article 1, Section "A", Subsection 2, p.1

[34] Ibid., Chapter 1, Article 1, Section "A", Subsection 3, p.1

[35] Ibid., Chapter 1, Article 1, Section "B", Subsections 1 and 2, p. 2.

(2) Florida's Workmen's Compensation Act, especially Sections 440.13, 440.14(5), and 440,49, in that there is basis for working agreement between the Vocational Rehabilitation Service and the Workmen's Compensation Division of the Florida Industrial Commission.

(3) The Florida Crippled Children's Act, an act creating a Florida Crippled Children's Commission, enacted in 1929, which provides for the treatment of certain types of physically handicapped children[36]. Under authority of this act there is a working agreement between the Vocational Rehabilitation Service and the Florida Crippled Children's Commission, whereby the Florida Crippled Children's Commission after providing the crippled child with the necessary treatment refers him to Vocational Rehabilitation for rehabilitation services. The Rehabilitation Service, also, refers to the Florida Crippled Children's Commission those clients who are under 21 years of age and who need the services provided by the commission.

The organization and administration of the Vocational Rehabilitation Service is at three levels. The first of these is Federal, which is at two levels, the Office of Vocational Rehabilitation located in Washington, D. C., and the

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[36] Ibid., Chapter 1, Article 1, Section "B", Subsection 3. p. 2.

Regional Offices located at various points throughout the United States. The next division is at the State level, and these offices are located in every state of the nation. Below this is the subdivision of the State into districts, each having a district office.

At the head of the Federal Office is the Director of the Office of Vocational Rehabilitation, Mr. Michael J. Shortley, assisted by Mr. D. H. Dabelstein. The Director is empowered by Public Law 113 to carry out the provisions of the Law as well as to make rules and regulations governing the administration of the act[37].

At the regional level there is a regional representative who is responsible for the administration of the act at the regional level. Florida, being one of the states of the 3rd region, comes under the jurisdiction of the 3rd regional office of Vocational Rehabilitation located in Atlanta, Georgia. Mr. Heber B. Cummings, Regional Representative, is in charge.

At the State level in Florida there is the State Director, Mr. Claud M. Andrews, in charge of the State. Mr. Andrews is assisted by the Chief of Case Work Operations,

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[37] U. S. Government Printing Office, Public Law 113, 78th Congress, Chapter 190, 1st Session H. R. 2536, U. S. Government Printing Office, Washington, D. C. pp. 5-7.

Mr. Dodd Pace.

The Director is responsible for the administration of the act in Florida. He is responsible to the State Board of Education, designated as the State Board of Vocational Education[38], by whom he is appointed upon the recommendation of the State Superintendent of Public Instruction. The duties of the Director are many and varied. They range from devising and recommending plans, policies and procedures to the executive office for the administration of Vocational Rehabilitation, to the direction of preparation of the budget. In general his duty is to promote the satisfactory occupational adjustment of disabled persons of Florida[39].

At the district level, there is the district office with the District Supervisor in charge and assisted by his District Counselors and clerical workers. In Florida there are seven such offices, one being located at each of the following places: Miami, Tampa, Orlando, Jacksonville, Tallahassee, Gainesville, and Pensacola. Polk County is a part of the Tampa district, which is comprised of the following counties: Hillsborough, Pinellas, Pasco, Hernando, Hardee, Highlands, Manatee, Sarasota, Charlotte, Lee, Desoto, and

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[38] Florida State Department of Education, Florida State Plan for Vocational Rehabilitation, Division of Vocational Rehabilitation, Tallahassee, Florida, Chapter III, Article 5, Section D, Subsection 1, p. 11.

[39] Ibid., p. 11-A.

Polk. The District Supervisor, Mr. William J. Miller, is in charge.

The duties of the District Supervisor generally are to assist the counselors by direction and supervision so that they may provide the best rehabilitation services possible to vocationally handicapped persons in their respective counties assigned to them[40]. The District Supervisor is responsible to the State Director for the administration of Vocational Rehabilitation Services in his district.

Finance of the Vocational Rehabilitation Service is apportioned between Federal appropriations and State appropriations. Generally, the Federal-Grant in Aid to the State pays all administrative costs and also matches or reimburses 50% of case service expenditures except in the case of the war disabled civilian on whom Federal reimbursement is 100%[41].

State Appropriations are made available by the legislature. It is the policy of the State Board of Vocational Education to request the legislature to provide one-half the cost of the funds necessary to provide vocational rehabilitation services to all disabled persons who are eligible and

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[40] Ibid., p. 12.

[41] U. S. Government Printing Office, Public Law 113, 78th Congress, Chapter 190, 1st Session H. R. 2536, U. S. Government Printing Office, Washington, D. C. pp. 2-4.

feasible for such service, except in the case of war disabled persons[42]. Custody of all funds, both Federal and those appropriated by the Florida Legislature, is vested in the State Treasurer[43].

The services rendered by the Vocational Rehabilitation Service are provided to all disabled persons who are found eligible and feasible. The given individual may receive one or all of the services offered depending upon his individual needs. The order of the services begins with diagnosis.

Diagnosis in the broad sense includes all investigations into the background of the individual, such as socio-economic history, educational history, medical history, the client's statement in his own words of his problem, if he is able to do so, psychometric measurement, adequate medical diagnosis and prognosis, including examinations by members of the various boards of specialties.

In the field of vocational diagnosis the medical information which the counselor has obtained regarding the disabled person is extremely important. In view of this fact, the competent counselor has familiarized himself with technical terms used by the physicians in medical reports and has

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[42] Florida State Department of Education, Florida State Plan for Vocational Rehabilitation, Division of Vocational Rehabilitation, Tallahassee, Florida, Part VIII, Article "A", p. 24.

[43] Ibid., Article "B", p. 24.

a knowledge of the import of the diagnosis and prognosis. The Federal office makes available to counselors literature which is very helpful to them in this respect. Several titles are listed in the bibliography of this report. Furthermore, being well posted in this respect, the counselor is better able to interpret to the client his problem and effective ways in which to deal with it.

During the interim of waiting for medical diagnosis, the counselor administers psychological tests to the disabled individual to determine his level of intelligence, aptitudes, and preferences of vocation. When the counselor, on the basis of interviews, suspects personality abberations at least one personality test will be administered. Among the tests administered are the Weschler-Bellevue Intelligence Scale, Revised Stanford-Binet Intelligence Scale, Revised Beta Examination, Otis Self-Administering Test of Mental Ability, Minnesota Multiphasic Personality Inventory, California Test of Personality, Minnesota Vocational Test for Clerical Workers, Minnesota Paper Form Board, Pressey Senior Classification and Verification Tests, Johnson O'Connor's Finger Dexterity Test, Johnson O'Connor's Tweezer Dexterity Test, Perdue Peg Board, and the Kuder Preference Record.

Fortified with this information in addition to medical and/or psychiatric diagnosis, the trained counselor is able to intelligently interpret to the disabled person his

vocational possibilities as compared to other persons. This enables the disabled person to evaluate his total problem.

In the matter of psychological testing, the trained counselor in interpreting test results bears in mind that the individual's test score tells how well he can do the task at the time. It more often indicates a lower than an upper limit to the range of his performance[44].

The counselor is further cognizant of the fact that certain groups tend not to do well on certain tests. Weschler points out that scores attained by colored subjects require special interpretation and that Jewish people do better on the verbal, while Italian people do better on the performance tests. The import here is that a significant difference between a subject's verbal score and performance score cannot be interpreted "carte blanche", but only after due weight has been given to the various factors which may have contributed to it[45]. Pintner states that the deaf are usually mentally retarded two or three years below the average individual and that these persons do not, as commonly

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[44] Bingham, Walter Van Dyke, Aptitudes and Aptitude Testing, Harper and Brothers Publishers, New York and London, 1937, p. 35.

[45] Weschler, David, Measurement of Adult Intelligence, The Williams and Wilkins Company, Baltimore, Maryland, 1944, pp. 147-148.

believed, tend to catch up later on[46].

In general the counselor must consider carefully all the known facts about the disabled person and use them in evaluating the individual's various test scores. For example, the individual may possess a great deal of drive which the counselor may sense. This factor can be the necessary difference to allow the individual to succeed in a vocational objective for which his intelligence is slightly lower than that required ordinarily.

When all items of information have been obtained, they are thoroughly studied, and in view of the medical and/or psychiatric diagnosis and prognosis, the client's ability as demonstrated psychometrically and substantiated by scholastic records, a vocational diagnosis is made. That is, a decision has been reached as to the vocational possibilities of the disabled person. It may and often does occur that the medical reports indicate treatment or surgical intervention. In this case the vocational diagnosis may have to be postponed depending upon the prognosis of the examining physicians and surgeons.

In either instance the next service logically is counsel and guidance for the individual. This procedure

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[46] Pintner, Rudolph, Intelligence Testing -- Methods and Results, New Edition, Henry Holt and Company, New York, July, 1945, p. 422.

is carried out by means of interviews with the disabled person during which he is helped to identify his problem and to begin to deal with it effectively. He is not put into a vocation nor does he undergo a surgical procedure at the direction of the counselor but is rather given information concerning himself in such fashion that he may make his own decisions in an intelligent manner.

In the case of the disabled person who is in need of medical and/or surgical treatment, the counselor arranges for his services including hospitalization if the person is in economic need[47], and the person has made written application on Form $R^{5-B}$ requesting these services.

Quite frequently the disabled person is in need of a prosthetic appliance such as an artificial limb, braces, or a hearing aid. These services are provided on a basis of economic need as a necessary adjunct to vocational rehabilitation and must be prescribed by competent physicians. This may appear odd, but an artificial limb provided to some amputees can be hazardous. The thromboangiitis obliterans case, commonly known as Burger's disease, and the diabetic patient who has reached amputation due to gangrene

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[47] Supra, p. 10.

are examples of this[48]. There is exception made in the case of the individual who has no complicating condition and who has previously worn a limb.

When all other services required have been completed the disabled person is then ready for placement or training for placement. In case training is required and has been planned, the individual is placed in a suitable training facility and his vocational training is initiated. This facility may be a college, university, business college, trade school, or training on the job as an apprentice, all depending upon the needs and abilities of the particular case. During training he is given supervision by the counselor to assist him in developing his possibilities to the limits set by his several abilities.

Tuition for training is paid without regard to economic need. Books, training tools, and supplies are provided on a basis of economic need.

Upon completion of training the individual is ready for placement in employment for which he has been trained. The Vocational Rehabilitation Service through its counselor

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[48] U. S. Office of Vocational Rehabilitation, Medical Information for Vocational Rehabilitation Officers, Vocational Rehabilitation Series, Bulletin No. 27, U. S. Government Printing Office, Washington, D. C. pp. 44-45.

seeks employment for the trainee[49]. In many instances, where employment training has been utilized, the training agency hires the trainee. This, of course, is an ideal situation in that the trainee is not required to adjust to new employers and surroundings.

If he is not so hired, he is registered with the local Florida State Employment Service Office for placement in his occupation. At the same time the counselor seeks employment for him and the trainee is encouraged to seek employment.

In the case of an individual who will be self-employed, the Vocational Rehabilitation Service will assist him by purchasing equipment and tools necessary to his vocation not to exceed the total of two hundred and fifty dollars ($250.00) except where prior approval of the U. S. Office of Vocational Rehabilitation has been secured[50].

Supervision and follow-up on the client is maintained for a sufficiently long period to determine that his employment is adequate and he is adjusted vocationally.

To this point, much has been said in regard to the services rendered by the Vocational Rehabilitation Service.

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[49] Florida State Department of Education, Florida State Plan for Vocational Rehabilitation, Division of Vocational Rehabilitation, Tallahassee, Florida, Part VII, Article "C".

[50] Ibid., Part VIII, Article "E", Section 6, p. 28.

This is not to be construed to mean that the Vocational Rehabilitation Service duplicates the services of existing agencies. It rather cooperates with them and coordinates the various sources of assistance to the disabled.

Among those agencies which cooperate with the Vocational Rehabilitation Service are the Florida State Employment Service, Florida State Welfare Department, Florida Crippled Children's Commission, Florida Workmen's Compensation Division of the Florida Industrial Commission, The Florida School for the Deaf and Blind, and the Public School System, as well as many other local organizations. Local chapters of the Tuberculosis and Health Association also cooperate with Vocational Rehabilitation in serving the disabled individual with particular emphasis upon the arrested tuberculous person.

## CHAPTER II

## TREATMENT OF THE PROBLEM

In view of what had been written above as a background, it was decided that an audit be conducted of the records and reports of the Vocational Rehabilitation Service relating to its activities in Polk County, Florida for the fiscal year ended June 30, 1948. From information thus obtained a number of studies were made regarding particularly those cases closed as rehabilitated.

Tables I through XII reflect accurately and truly the findings of this audit, indicating the types of disabilities encountered, their origins and frequency in the population sampled for this study. Types of training, services rendered, and the costs of such services are set forth for ready reference.

In general these tables, as computed, measure the scope of Vocational Rehabilitation Services as rendered in Polk County, Florida during the fiscal year ended June 30, 1948.

TABLE I

ORIGIN OF DISABILITY[51] OF 85 CASES
REHABILITATED -- POLK COUNTY, FLORIDA
FISCAL YEAR ENDED JUNE 30, 1948

| Origin of disability | Sex | | Marital Status | | | Race | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | M | F | Married | Single | Other | W | N | O | |
| Accident compensated | 12 | 0 | 10 | 0 | 2 | 9 | 3 | 0 | 12 |
| Accident not compensated | 9 | 0 | 7 | 2 | 0 | 8 | 1 | 0 | 9 |
| Accident -- other | 9 | 5 | 5 | 5 | 4 | 12 | 2 | 0 | 14 |
| Disease | 22 | 18 | 17 | 17 | 6 | 35 | 5 | 0 | 40 |
| Congenital | 5 | 5 | 4 | 5 | 1 | 9 | 1 | 0 | 10 |
| Totals | 57 | 28 | 43 | 29 | 13 | 73 | 12 | 0 | 85 |

[51] Florida Division of Vocational Rehabilitation, Tampa District, Executed Forms V.R.S.--9 Closed Case Forms, Fiscal Year 1948, Deposited District Office.

Explanation of Table I, Page 30 of this report

This table allocates the disabilities of the 85 persons rehabilitated in Polk County, Florida during the fiscal year ended June 30, 1948, to the five categories set up by Federal regulation. It further groups the disability-frequency according to sex, marital status, and race.

Accident not compensated refers to cases disabled in industry but not covered by Workmen's Compensation.

Accidents compensated refers to those cases disabled in industry and covered by Workmen's Compensation.

Accidents -- Other refers to those cases disabled in accidents not classified as industrial.

The two remaining categories, Disease and Congenital, of course, refer to disablements arising out of those causes.

TABLE II

TABULATION OF TYPES OF DISABILITIES FOUND[52]
85 CASES REHABILITATED -- POLK COUNTY, FLORIDA
FISCAL YEAR ENDED JUNE 30, 1948

| | |
|---|---|
| Amputation (any extremity) | 12 |
| Arrested Pulmonary Tuberculosis | 6 |
| Cardiac | 3 |
| Cerebral Palsy | 1 |
| Diabetes | 2 |
| Gynecological | 2 |
| Hearing | 12 |
| Hernia | 3 |
| Hyperthyroidism | 2 |
| Orthopedic disability (other than amputations) | 26 |
| Osteomyelitis (not orthopedic) | 1 |
| Paralysis -- facial | 1 |
| Poliomyelitis | 4 |
| Psychiatric and mental deficiency | 2 |
| Speech | 1 |
| Visual | 3 |
| Miscellaneous (not classified for this report) | 4 |
| Total Cases | 85 |

[52] Supra, Table I, p. 30.

Explanation of Table II, Page 32 of this report

This table is an analysis of the types of disabilities occuring in the 85 cases rehabilitated in Polk County, Florida, during the fiscal year ended June 30, 1948. The purpose of this table is to set forth a sampling of the types of disabilities prevalent in the population sampled as well as to identify for the laymen some of the various types of disablements recognized as vocational handicaps, by the Vocational Rehabilitation Service, so that he may be informed in this respect and refer cases to the Service for consideration for service.

TABLE III

EDUCATIONAL DISTRIBUTION OF 85 CASES[53]
REHABILITATED -- POLK COUNTY, FLORIDA
FISCAL YEAR ENDED JUNE 30, 1948

| Education at survey | Sex | | Race | | Marital Status | | | Total |
|---|---|---|---|---|---|---|---|---|
| | M | F | W | N | Married | Single | Other | |
| 0 | 4 | 0 | 2 | 2 | 4 | 0 | 0 | 4 |
| 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 1 |
| 2 | 1 | 1 | 0 | 2 | 1 | 0 | 1 | 2 |
| 3 | 3 | 0 | 1 | 2 | 0 | 2 | 1 | 3 |
| 4 | 3 | 1 | 3 | 1 | 4 | 0 | 0 | 4 |
| 5 | 4 | 3 | 5 | 2 | 3 | 3 | 1 | 7 |
| 6 | 6 | 1 | 5 | 2 | 2 | 1 | 4 | 7 |
| 7 | 7 | 0 | 6 | 1 | 4 | 3 | 0 | 7 |
| 8 | 8 | 7 | 15 | 0 | 10 | 4 | 1 | 15 |
| 9 | 4 | 2 | 6 | 0 | 3 | 2 | 1 | 6 |
| 10 | 3 | 2 | 5 | 0 | 2 | 1 | 2 | 5 |
| 11 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 1 |
| 12 | 9 | 10 | 19 | 0 | 8 | 10 | 1 | 19 |
| 13 and over | 4 | 0 | 4 | 0 | 1 | 3 | 0 | 4 |
| Totals | 57 | 28 | 73 | 12 | 43 | 29 | 13 | 85 |

[53] Supra, Table I, p. 30.

Explanation of Table III, Page 34 of this report

This table is an analysis of the Education (Grade Year) completed by each of the 85 cases rehabilitated in Polk County, Florida, during the fiscal year ended June 30, 1948.

This table sets up the grade year frequency occuring in this population according to sex, race and marital status.

TABLE IV

TABULATION OF SOURCES OF REFERRAL OF 85 CASES REHABILITATED[54]
POLK COUNTY, FLORIDA -- FISCAL YEAR ENDED JUNE 30, 1948

| Agency code no. | Agency name | |
|---|---|---|
| 73 | News items, publicity, radio | 1 |
| 71 | Employers | 1 |
| 70 | Artificial limb companies | 1 |
| 50 | Selective Service System | 1 |
| 16 | Physicians | 2 |
| 76 | Other | 2 |
| 55 | Public officials | 3 |
| 15 | Other health agencies (public and private) | 3 |
| 02 | Private schools | 3 |
| 74 | Other individuals | 4 |
| 03 | Public schools | 4 |
| 51 | State rehabilitation agencies | 5 |
| 12 | Tuberculosis sanitorium | 5 |
| 10 | Crippled Children's agency | 6 |
| 75 | Self-referred | 7 |
| 41 | Public welfare agencies (state and local) | 7 |
| 32 | State workmen's compensation agencies | 9 |
| 52 | Florida State Employment Service | 21 |
| | Total | 85 |

[54] Supra, Table I, p. 30.

## Explanation of Table IV, Page 36 of this report

This table is an analysis of the sources of referral of the 85 cases rehabilitated in Polk County, Florida, during the fiscal year ended June 30, 1948.

The agency code number listed are those used to codify cases according to federal regulations and are used for the benefit of the professional rehabilitation worker who may read this paper.

This table is a break-down of the cases referred showing some of the sources from which the Vocational Rehabilitation Service receives referral of cases for rehabilitation services.

TABLE V

AGE DISTRIBUTION OF 85 CASES REHABILITATED[55]
POLK COUNTY, FLORIDA -- FISCAL YEAR ENDED
JUNE 30, 1948

| Age range years | Number of persons |
|---|---|
| 16 — 18 | 12 |
| 19 — 23 | 15 |
| 24 — 30 | 12 |
| 31 — 35 | 10 |
| 36 — 40 | 11 |
| 41 — 45 | 9 |
| 46 — 50 | 4 |
| 51 — 55 | 2 |
| 56 — 60 | 5 |
| 61 and over | 5 |
| Total | 85 |

[55] Supra, Table I, p. 30.

Explanation of Table V, Page 38 of this report

This table sets up the frequency of disablement according to age-year groups, as these disablements occurred in the 85 cases rehabilitated in Polk County, Florida, during the fiscal year ended June 30, 1948.

TABLE VI

TYPES OF TRAINING PROVIDED 85 CASES REHABILITATED[56] POLK COUNTY, FLORIDA -- FISCAL YEAR ENDED JUNE 30, 1948

| Type of training | Number of persons |
|---|---|
| Architecture | 1 |
| Auto painting | 1 |
| Beautician | 1 |
| Bookkeeping | 2 |
| Bookkeeping and accounting | 1 |
| Bookkeeping and income tax procedure | 1 |
| Engineering, mechanical | 1 |
| Floral designing | 1 |
| Income tax procedure | 1 |
| Office machine mechanic | 1 |
| Optometry | 2 |
| Public school teaching | 2 |
| Radio service | 1 |
| Reweaving clothing | 1 |
| Shoe repairing | 1 |
| Sign painting | 1 |
| Stenography | 3 |
| Theology | 1 |
| Watch repairing | 1 |
| Total | 24 |

[56] Supra, Table I, p. 30.

Explanation of Table VI, Page 40 of this report

This table lists the types of Vocational Rehabilitation training provided as well as the number of persons receiving such training.

It is noted that 24 persons were provided Vocational Rehabilitation training. The remainder of the 85 cases rehabilitated in Polk County, Florida were not given training since this service was not deemed necessary to their rehabilitation.

This table indicates training ranging in complexity from skilled labor to university levels.

TABLE VII

SECTION I

OCCUPATIONS AT CLOSURE OF 85 CASES REHABILITATED[57]
POLK COUNTY, FLORIDA -- FISCAL YEAR ENDED
JUNE 30, 1948

| Occupation | Number of persons | Occupation | Number of persons |
|---|---|---|---|
| Automobile mechanic | 2 | Farm hand, citrus | 1 |
| Barber | 1 | Foreman, motor transport | 1 |
| Bookkeeper | 3 | Floral designer | 1 |
| Bookkeeper-tax consultant | 1 | Cabinet maker | 1 |
| Box assembler | 1 | Gardener | 3 |
| Box maker | 1 | Hairdresser | 1 |
| Building foreman (const.) | 1 | Housekeeper | 1 |
| Capping machine operator | 1 | Housewife | 9 |
| Carpenter | 2 | Income tax consultant | 1 |
| Cement finisher | 1 | Laborer, citrus canning | 3 |
| Child monitor | 1 | Laborer, wood box mfg. | 1 |
| Counter-man, Drive-In | 1 | Machinist | 1 |
| Dishwasher, mechanical | 1 | Manager, office building | 1 |
| Electrician's helper | 1 | Manager, production | 1 |
| Elevator operator | 1 | Miller, fertilizer | 1 |
| Family worker, agriculture | 1 | Nurse, practical | 1 |
| Sub-total | | | 48 |

[57] Supra, Table I, p. 30.

TABLE VII

SECTION II

OCCUPATIONS AT CLOSURE OF 85 CASES REHABILITATED[58]
POLK COUNTY, FLORIDA -- FISCAL YEAR ENDED
JUNE 30, 1948

| Occupation | Number of persons | Occupation | Number of persons |
|---|---|---|---|
| Office machine repairman | 1 | Salesperson, ladies wear | 1 |
| Oiler, dragline | 1 | Seamstress | 1 |
| Operator, motion picture | 1 | Sectionizer, citrus | 2 |
| Optometrist | 2 | Service station attendant | 1 |
| Packing hand, citrus | 2 | Shipping clerk | 1 |
| Painter, sign | 1 | Stenographer | 1 |
| Process laborer, fertilizer | 1 | Sailor | 1 |
| Radio serviceman | 1 | Tally man, mining | 1 |
| Reweaver, clothing | 1 | Teacher, public school | 1 |
| Ride operator | 1 | Trash collector | 1 |
| Sales manager | 1 | Truck driver, heavy | 1 |
| Salesman, canvas goods | 1 | Truck driver, light | 2 |
| Salesman, container | 1 | Truck mechanic | 1 |
| Salesman, general hardware | 1 | Watchman | 1 |
| Sales clerk, groceries | 1 | Watch repairman | 1 |
| Sales clerk, retail | 1 | Laundress | 2 |
| Sub-total Section II | | | 37 |
| Sub-total Section I | | | 48 |
| Total | | | 85 |

[58] Supra, Table I, p. 30.

## Explanation of Table VII, Sections I and II, pages 42 and 43 of this report

This table lists the 64 occupations at which the 85 cases rehabilitated in Polk County, Florida during the fiscal year ended June 30, 1948, were working at closure of their cases. The table indicates that these persons were working in occupations ranging from laborer to professional worker.

TABLE VIII

ANALYSIS OF CASE SERVICE EXPENDITURES[59]
ALL CASES, FISCAL YEAR ENDED
JUNE 30, 1948

| Status | No. cases | Diag-nosis | Treat-ment | Pros-thesis | Hospital-ization | Transpor-tation | Mainte-nance | Train-ing | Auxillary | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| "12" | 85 | 590.00 | 783.00 | 1145.95 | 543.42 | 38.25 | 1273.60 | 1190.36 | 1006.63 | 6571.21 |
| "13" | 3 | 15.00 | | | | | | | | 15.00 |
| "15" | 8 | 25.00 | | | | | | | | 25.00 |
| "0" | 30 | 220.00 | | | | | | | | 220.00 |
| "0-8" | 224 | 1707.42 | 2801.25 | 897.63 | 2803.10 | 511.75 | 2801.12 | 2679.46 | 1109.01 | 15310.74 |
| Total | 350 | 2557.42 | 3584.25 | 2043.58 | 3346.52 | 550.00 | 4074.72 | 3869.82 | 2115.64 | 22141.95 |

[59] Florida Division of Vocational Rehabilitation, Tampa District, Case Expenditures Ledgers, Fiscal Year 1948, Deposited District Office.

Explanation of Table VIII, page 45 of this report

This table is a distribution of all purchased case services rendered to all cases (350) served in Polk County, Florida during the fiscal year ended June 30, 1948.

Reading from left to right, beginning with status number "12" (cases closed rehabilitated), under the appropriate heading, the amounts expended for that particular service are found.

Reading down to status number "13" (cases closed not rehabilitated) similar information is found. The same is true for status number "15" (cases closed after being accepted for service, but before service was initiated); status number "0" (cases closed from referred status after investigation); and status numbers "0-8" (cases under investigation, accepted or receiving services).

TABLE IX

ANALYSIS OF SERVICES RENDERED 85 CASES REHABILITATED[60]
POLK COUNTY, FLORIDA -- FISCAL YEAR ENDED
JUNE 30, 1948

| Service | Number of person-services | Purchased | Free | Provided | Cost of service |
|---|---|---|---|---|---|
| Diagnosis | 85 | 85 | 0 | - | $1,195.00 |
| Treatment | 17 | 10 | 7 | - | 1,408.00 |
| Prosthesis | 23 | 19 | 4 | - | 1,328.00 |
| Hospitalization | 14 | 7 | 7 | - | 1,001.00 |
| Transportation | 16 | 16 | 0 | - | 129.00 |
| Maintenance | 10 | 9 | 1 | - | 2,270.00 |
| Training | 24 | 19 | 5 | - | 3,581.00 |
| Auxillary | 10 | 9 | 1 | - | 986.00 |
| Counsel and guidance | 85 | - | - | 85 | - |
| Placement | 85 | - | - | 85 | - |
| Follow-up | 85 | - | - | 85 | - |
| Total | 454 | 174 | 25 | 255 | $11,898.00 |

[60] Supra, Table I, p. 30.

Explanation of Table IX, page 47 of this report

This table prorates all services, purchased, free or provided, which were rendered to 85 cases rehabilitated in Polk County, Florida during the fiscal year ended June 30, 1948.

This table further lists the number of person-services rendered as well as the costs of the purchased services.

Purchased services are those authorized and paid for by Vocational Rehabilitation Service.

Free services are those arranged for by Vocational Rehabilitation Service but received free of charge.

Provided services are those services rendered by the professional staff of Vocational Rehabilitation Service.

TABLE X

MAJOR SOURCE OF SUPPORT, DEPENDENTS, WAGES[61], AND ESTIMATED[62] FEDERAL INCOME TAX FOR 85 CASES REHABILITATED IN POLK COUNTY, FLORIDA FISCAL YEAR ENDED JUNE 30, 1948

| Source | Number of persons | Number of dependents | Weekly wage at referral | Weekly wage at closure | Wage increase | Federal income tax at referral | Federal income tax at closure |
|---|---|---|---|---|---|---|---|
| Wages | 27 | 53 | $751.00 | $1043.00 | $292.00 | $13.40 | $42.80 |
| Family | 38 | 29 | 46.00 | 965.00 | 919.00 | .40 | 67.70 |
| Insurance | 18 | 43 | 28.00 | 621.00 | 593.00 | none | 14.30 |
| Relief | 2 | 5 | none | 65.00 | 65.00 | none | 3.40 |
| Totals | 85 | 130 | $825.00 | $2694.00 | $1869.00 | $13.80 | $128.20 |
| Average for group, including 11 persons closed as family workers, and housewives. | | | $9.70 | $31.69 | $21.99 | $0.162 | $1.51 |

[61] Supra, Table I, p. 30.

[62] U. S. Bureau of Internal Revenue, Declaration of Estimated Income Tax by Individuals 1948, Form 1040E.S., U. S. Government Printing Office, Washington, D. C.

## Explanation of Table X, Page 49 of this report

This table indicates the chief source of support of the disabled individual at the time of referral. The number of such persons per each category with their dependents as well as their weekly wages at referral and closure of the cases.

The last two columns indicate the wage increase due to rehabilitation services as well as the estimated federal income tax these persons paid at referral and at closure of the cases. This table relates to 85 persons rehabilitated in Polk County, Florida during the fiscal year ended June 30, 1948.

TABLE XI

STATEMENT OF TOTAL OPERATIONAL COSTS VOCATIONAL REHABILITATION SERVICE, POLK COUNTY, FLORIDA FISCAL YEAR ENDED JUNE 30, 1948

| | | | |
|---|---|---|---|
| Case services purchased | | | 22,141.95 |
| District Counselors: | | | |
| Salary | | 3,780.00 | |
| Travel and per diem | | 1,312.81 | |
| Polk County share[63] (112,429/575,419 or 19.53% population basis) | | | |
| District Supervisor: | | | |
| Salary | 4,380.00 | | |
| Travel and per diem | 823.14 | 1,016.17 | |
| District office expense: | | | |
| Rent, salaries, etc. | 12,414.02 | 2,424.46 | |
| State office expense (calculated on ratios of total expenditures $135,159.39/$719,729.28 or 18.7% of $33,070.96 prorated to district office[64] | 6,284.27 | | |
| Prorated to Polk County on population basis of 19.53% or 112,429/575,419 of $6,284.27 | | 1,227.32 | |
| Total administration and supervision expense | | 9,760.76 | 9,760.76 |
| Total operational costs | | | 31,902.71[65] |

[63] Polk County population according to 1945 U. S. Census.

[64] This figure obtained from State Director's of Vocational Rehabilitation Service, Tallahassee, Florida as cost of administration and supervision at state level.

[65] Florida Division of Vocational Rehabilitation, Tampa District, Salary Warrant Vouchers, Case Expenditure Ledgers and Expense Account Vouchers, Fiscal Year 1948, Deposited District office source of other items this statement.

## Explanation of Table XI, Page 48 of this report

This table is a statement of total operational costs of vocational rehabilitation services rendered in Polk County, Florida during the fiscal year ended June 30, 1948.

This statement reads as written down to the first proration of district expense to Polk County. Polk County's population of 112,429 persons is used as the numerator and the population of the Tampa District 575,419 persons is used as the denominator. Converting to percentage this amounts to 19.53% which is applied to district expense to obtain Polk County's share.

State office expense is prorated to the Tampa District on a basis of the ratio between total expenditure for the state and the Tampa District. Polk County's share of this expense allocated to the Tampa District is then prorated as above on a population basis or 19.53% of the expense allocated to the Tampa District.

TABLE XII

CALCULATION OF TOTAL COST OF REHABILITATING 85 PERSONS
POLK COUNTY, FLORIDA -- FISCAL YEAR ENDED
JUNE 30, 1948

| | | | |
|---|---|---|---|
| Case service expenditures on cases closed Status "12": | | | |
| Fiscal year 1947-1948 | 6,571.21 | | |
| Prior years | 5,326.79 | | |
| Total | | 11,898.00[66] | |
| Add: 85/350 or 24.29% of $9,760.76[67] as proportion of administration and supervision allocable | | 2,370.89 | |
| Total direct costs | | | 14,268.89 |
| Add: | | | |
| Indirect costs of 1947-1948 fiscal year case service costs of: | | | |
| 30 cases closed from "0" status | | 220.00 | |
| 8 cases closed from "15" status | | 25.00 | |
| 3 cases closed from "13" status | | 15.00 | 260.00[68] |
| Add: 41/350 or 11.71% of $9,760.76 as proportion of administration and supervision allocable to these cases | | | 1,142.98 |
| Total cost of rehabilitating 85 cases | | | 15,671.87 |

Average cost per case $15,671.87 divided by 85 or $183.75.
Per capita cost to Polk County population per annum is
$15,671.87/112,429 or $0.1393

[66] Supra, Table IX, p. 47.

[67] Supra, Table XI, p. 51.

[68] Florida Division of Vocational Rehabilitation, Tampa District, Executed Forms V.R.S. -- 9 Closed Case Forms, Fiscal Year 1948, Deposited District Office.

## Explanation of Table XII, Page 53 of this report

This table is a calculation of the total cost of rehabilitating 85 persons in Polk County, Florida during the fiscal year ended June 30, 1948.

This cost is arrived at by listing the purchased services for the fiscal year 1947-48, the purchased services of prior years (since some of these cases originated in other years.) Totaling these figures gave the case service expenditures. Since 350 cases were processed this number was used as the denominator and 85 the number of cases rehabilitated was used as a denominator of a fraction to prorate administrative and supervisory costs. This added to the case service costs gave the direct case costs.

Since a total of 41 other cases were closed other than rehabilitated the direct costs of these cases were charged in as well as their proportionate part of administrative and supervisory costs.

This total cost was then prorated to Polk County's population to determine the per capita per annum cost of rehabilitating these 85 cases.

## CHAPTER III

## CITATION OF 15 SELECTED REHABILITATED CASES

Following the study which resulted in information reflected in Tables I - XII, it was decided to cite case histories on 15 selected cases that were rehabilitated in Polk County, Florida during the fiscal year ended June 30, 1948.

These case histories are intended to reflect something of the scope of vocational rehabilitation and the various procedures used to achieve the return of the disabled individual to adequate and gainful employment. All of the 15 following histories are abstracted from the individual case files deposited in the Tampa District Office of the Vocational Rehabilitation Service.

### CASE I. ORTHOPEDIC DISABILITY

Mrs. A., a 48-year old, white, widowed woman was referred by the Florida State Employment Service to the Vocational Rehabilitation Service in April 1947. At that time she was suffering from a $90^{\circ}$ flexion of the right knee, which was secondary to an infection of the leg when this client was 16 years of age. She walked with the use of one crutch. Her education was limited to the sixth grade level.

After study of her employment history and an investigation of her background, a general medical examination was authorized to be done by a local physician. He recommended that she be sent to a competent orthopedist for evaluation as to the possibilities of physical restoration. She was sent to the orthopedist who after studying the x-rays of her knee recommended that the knee be opened, the leg straightened and a fusion done. At this point the client was counselled regarding surgery and a job objective. Since she was experienced as a citrus sectionizer and her age and educational background were as stated above, she felt she would like to have the knee corrected and return to her former job. This was decided to be a feasible employment objective.

Mrs. A. was hospitalized for a period of 30 days and the recommended surgery was carried out. At the end of this period she was placed in a new cast and returned home. She was returned to the operating orthopedist for several follow-up examinations and was then placed in a long leg brace. Six weeks later she was placed with a citrus canning company as a sectionizer. In June 1948, after a final follow-up examination, Mrs. A. was allowed to remove the leg brace as it was no longer required.

Mrs. A. was unemployed at the time she was referred

to Vocational Rehabilitation Service, but at the time of closure she was employed at a wage averaging $35.00 per week. Furthermore, she had realized a desire of 22 years standing, that of being able to walk almost normally again.

CASE II. DEAF-MUTE

Mr. B., a 33-year old, negro man with a third grade education was referred to Vocational Rehabilitation Service in October 1947. His chief complaint was that of being a deaf-mute, having been born deaf. He was unemployed and was supporting a dependent aunt with whom he lived. After an investigation of his background, Mr. B. was sent to a local physician for a general medical examination which was done revealing him to be normal except for his deaf-mutism. The examining physician did not recommend an examination by an otolaryngologist. The counselor, however, discussed this with Mr. B. to determine if he would be interested in surgery if it might restore his hearing. He definitely did not wish surgery. The counselor decided against fitting a hearing aid since this would be next to useless unless supplemented by speech training, a facility which was not available.

The chief problem was to return Mr. B. to adequate and gainful employment in his present physical condition. A study of his work history revealed that he had about 15

years experience at various jobs in Coca-Cola Bottling Companies. The counselor determined that this man felt that he could operate a bottle capping machine. The counselor and Mr. B. began checking the various beverage companies and finally located an opportunity for his placement as a bottle capping machine operator. He accepted this employment in early February, 1948. He was followed up on this job until March 31, 1948, when his case was closed as rehabilitated.

At the time of referral, Mr. B. was unemployed but at closure was averaging $30.00 per week on a job he liked better than any previously followed.

CASE III. CEREBRAL PALSY

Mr. C., a 20-year old, white man, was first interviewed by the Vocational Rehabilitation Service in February, 1945. This man was single, unemployed, and residing with his parents upon whom he was entirely dependent. At this time he had completed the eighth grade and was already enrolled in a course in radio repair. He had completed about 20 lessons and was enjoying the course very much.

After his background had been investigated, he was sent to a local physician for a general medical examination which revealed that Mr. C. was suffering from cerebral palsy which affected the use of his left arm and leg, his gait

being characteristically spastic. His vision was corrected by glasses. Investigation revealed that he had been given corrective orthopedic surgery at the Florida Crippled Children's Hospital in 1933.

His chief need at this time was for tools and equipment to continue his course as well as for use in his shop which he planned to open when he completed his course.

The Rehabilitation Service provided these items for Mr. C., and at the same time set about trying to locate a trained radioman to help Mr. C. over troublesome spots in his course of study. This arrangement could not be worked out in Mr. C.'s small town, but a radioman in a neighboring town agreed to assist him. This service was never utilized, however, as a radioman moved into Mr. C.'s town a few months later and began to help him from time to time.

In August 1947, Mr. C.'s father finally completed a cement block building to house his plumbing shop and set aside space for Mr. C.'s radio repair shop. Mr. C. opened his shop and through the counselor's assistance obtained his state and county occupational license. He was counselled to obtain the sales agency for a nationally known radio corporation and shortly thereafter he did so. He was followed up in employment until June 1948, when his case was closed rehabilitated. At that time his earnings had averaged $15.00 per week but were on the increase.

CASE IV. GYNECOLOGICAL

Mrs. D., a 37-year old, white, divorced woman, came to the Vocational Rehabilitation Service as self-referred. Her knowledge of the service had been obtained through contact with a former client. Mrs. D. stated to the counselor that she had undergone a hysterectomy to remove a pre-cancerous uterus and that a surgical accident had left her bladder punctured causing it to drain constantly through her vagina. This was further complicated by periodic hemorrhage not menstrual in nature. Mrs. D. was gradually losing weight and becoming progressively weaker. She felt she would soon become unable to continue in employment as a sales clerk. At the time of the interview Mrs. D. had completed the ninth grade.

Mrs. D. was the mother of 4 children, a son aged 19 years and 3 daughters aged 6, 14, and 13 years. Mrs. D. and her son supported themselves and the three daughters.

After an investigation of Mrs. D.'s background, she was sent to a local physician for a general medical examination. His recommendation was that she be sent to a competent gynecologist for evaluation. He diagnosed her disability as being a vesico-vaginal fistula.

Mrs. D. was sent to a gynecologist who recommended that the fistula be repaired, but that before surgery be

undertaken, the bladder should be treated by a uralogist to remove the granular deposits and to lessen the irritated condition.

Following this medical advice the counselor discussed the recommendations with Mrs. D. who readily decided in favor of surgery even though the probability of complete restoration was about 50% according to the examining gynecologist.

Mrs. D. was given psychometric testing and on the basis of this and other pertinent factors was counselled regarding a tentative employment objective pending the outcome of the anticipated surgery.

It was decided that if the surgery were successful Mrs. D. would be trained as a beautician.

She was provided 25 days hospitalization and surgical repair of the vesico-vaginal fistula which resulted in a complete success.

Mrs. D. was enrolled in a school of beauty culture and provided training, maintenance, examination and license fees. After 7 months of training, she passed her State Beauty Board Examinations and was licensed to practice cosmetology in the State of Florida. Mrs. D. upon receipt of her license was placed in a beauty parlor where she was followed up in employment for approximately 3 months prior to closure of her case as rehabilitated. At the time of closure her salary

amounted to $32.00 per week. In addition to improved employment, she was able to enjoy physical well-being again.

CASE V. AMPUTATION

Mr. E., a 33-year old, white, married man with a sixth grade education, was referred to Vocational Rehabilitation Service in June, 1946. Mr. E. had suffered an amputation of the left hand, mid-portion of the metacarpal bones as well as the distal phalonx of the left thumb.

At the time of his referral he was unemployed but a few days later found a job and requested that service be deferred due to family factors. During this period his references were contacted and his background investigated.

In July 1947, Mr. E. contacted the rehabilitation counselor and advised that he was now ready to begin his rehabilitation. He was accordingly sent to a local physician for a general medical examination. When the medical information was received, the counselor contacted Mr. E. to discuss a vocational objective which would be feasible for him in view of his handicap. Mr. E. stated that he had always been fascinated by mechanical work but did not think he was physically capable of doing heavy mechanical work. At this point, the counselor suggested that the work of an office machine mechanic might interest him. Mr. E. stated that he was definitely interested.

The counselor arranged for Mr. E. to visit an office machine repair shop to observe the work being done. He was also allowed to try some of the jobs requiring the use of both hands. He found that the stump of his left hand and thumb were sufficiently usable to allow him to perform these job operations. Furthermore, the proprietor of the shop felt that Mr. E. possessed the ability to successfully undertake this work as a vocation.

Arrangements were worked out with the shop proprietor to train Mr. E. free of any charge to Vocational Rehabilitation Service. He also agreed that at the end of the month's training he would place Mr. E. on the payroll, provided he applied himself diligently to his training.

The counselor later discussed this with Mr. E. who felt this to be an excellent opportunity. Mr. E. requested the counselor to arrange for his training as early as possible.

Plans were drawn up providing Mr. E. with the necessary tools for training, and training maintenance for a period of two months, until he should be paid by his employer-trainer.

This plan was executed and training, supervision and follow-up provided to Mr. E.

His case was closed in June, 1948, as rehabilitated being employed as planned and paid $25.00 per week with

further increments in salary anticipated by his employer.

CASE VI. ORTHOPEDIC

Mr. F., a 23-year old, white, single, male with one year of college training, referred himself to Vocational Rehabilitation Service in September, 1944. Mr. F. was suffering from a partial paralysis of the left hand and forearm.

After investigation of his employment history, school record, and general background, a general medical examination was authorized. This examination revealed that Mr. F. was suffering from Volkner's Contracture.

During the next interview the counselor administered psychometric testing to Mr. F. At this time he advised that he was definitely interested in becoming an optometrist and would like for the Vocational Rehabilitation Service to assist him with his tuition, books and supplies.

It was apparent to the counselor from this conversation that he had done a great deal of thinking about this field of vocational endeavor.

A plan was drawn up providing him a scholarship for three years, as well as providing his books and supplies to the extent allowable under the Florida State Plan for his training in a recognized school of optometry. Mr. F. was to provide the remainder of his tuition, room and board.

Mr. F. was graduated from the school with a creditable record, returned to Florida and passed the Florida State Board of Optometry examinations. Shortly thereafter he opened his offices in a Florida city.

His income at closure in June, 1948, was $40.00 per week with his practice on an upward trend.

CASE VII. POLIOMYELITIS

Mr. G., a 17-year old, white, single male with a fifth grade education, was referred to Vocational Rehabilitation Service in December, 1946, by the Florida State Employment Service. At the time of his referral he was unemployed and dependent upon his mother who had a job as cook for a private family. Mr. G.'s chief problem was a partial paralysis affecting his right hand and leg. The hand was contracted to form a "claw-hand" and his leg appeared to be shortened.

After an investigation of Mr. G.'s background, a general medical examination was authorized. The examining physician diagnosed his condition as that of partial paralysis of right hand and leg residual poleomyelitis and recommended orthopedic evaluation. This was discussed with Mr. G. and his mother. He eventually agreed to an orthopedic examination.

During the lapse of time, however, the financial

pressure upon Mr. G. and his mother had become so great that the counselor was forced to place Mr. G. on a job which he and Mr. G. realized was not entirely satisfactory to his condition.

Since he was under 21 years of age, he was sent to the Florida Crippled Children's Hospital for evaluation. Here the orthopedist decided to use a brace on Mr. G.'s defective right hand to determine what gains might later be expected from surgery. Upon his return from the hospital, he was given intelligence testing which indicated he was slightly above normal for his age group.

At this time Mr. G. requested that he be allowed to continue on his job until the season closed so that his mother might have funds on which to live while he was hospitalized. This matter was cleared through the Crippled Children's Hospital.

An event which had occurred months earlier now came to light. Mr. G. and a 15-year old boy during the period of financial stress had fallen into the company of a hardened criminal who led them into stealing a citrus loading engine. When arrested, Mr. G. freely admitted his part of the undertaking and due to his age was bound over to the Criminal Court of Record to go on trial for grand larceny.

Mr. G. went on trial with his older companion who was a recidinist. The older man was sentenced to 20 years

in the state penitentiary. Mr. G.'s sentence was set at from 5 to 10 years. The counselor contacted the parole probation officer and the presiding judge of the Criminal Court of Record and was able to have the sentence suspended with Mr. G. placed on probation.

By this time Mr. G. was thoroughly willing to take advice from his probation officer and his counselor.

The counselor at this time drew up a plan of rehabilitation with the job objective tentatively as that of a pump operator at a phosphate mine, depending upon the results of surgery.

Mr. G. was then sent to the Florida Crippled Children's Hospital at St. Petersburg where a fusion of his wrist was done, followed up with physical therapy, and a built-up shoe was provided for his right foot. In all, he was hospitalized for a period of 120 days. During his hospitalization, the counselor called personally upon the general manager of a large phosphate mine and worked out arrangements for a personal interview when Mr. G. should be ready for placement.

Upon his discharge from the hospital, Mr. G. was counselled to call upon the manager and give him a complete and true account of himself since this man was interested in helping boys, particularly those who had made mistakes

and wished to do right. Mr. G. accordingly did as instructed and was placed not as a pump operator but as a tallyman in charge of a tool room at an hourly rate of $0.95.

He was given follow-up supervision on the job until December 31, 1947, at which time his case was closed rehabilitated. At this time he had moved to a different town and away from undesirable influences, had a postal savings account, was attending church and working overtime at his job which paid time and half for overtime and double time for Sunday work. For purpose of closure his base pay of $41.00 per week was used.

CASE VIII. ORTHOPEDIC

Miss H., a 22-year old, white, single girl with a twelfth grade education obtained at Spaulding High School, a school for crippled children in Chicago, was referred to Vocational Rehabilitation Service in January, 1947, by an interested individual.

At the time of referral Miss H. was unemployed and was supported by her married sister. She had been a citrus sectionizer until she was laid off, but she felt she would be unable to continue in this type of work. Her chief complaint was a weak, shortened leg which she stated was the result of a congenital dislocation of the hip.

After an investigation of her employment history and

general background, a general medical examination was authorized to be done by a local physician, who recommended that she should be seen by an orthopedist for an evaluation of her condition.

Miss H. was sent to an orthopedist who determined that she had suffered a congenital dislocation of her right hip but had undergone surgery at the University of Chicago at the age of 12 years. He offered two courses of action which Miss H. might follow. Firstly, she might undergo a high Shanz or the Lorenz bifurcation osteotomy with a salvage period of probably 5 years after which time a fusion would have to be done. Secondly, she could continue in her present condition and after 5 or 6 years have the hip fused.

Miss H. decided on the latter course. She was given psychometric testing and counselling, and reweaving was the job objective chosen.

A training facility was located where Miss H. could be trained to do this work. The facility would make no charge for training Miss H. since it was hoped she would remain with it in employment after her training was completed. After the completion of 6 month's training, she was to be paid one-half of the labor charges for all work she did and sent out.

A plan was drawn up to carry out this training and training maintenance for a period of 6 months was provided

to Miss H.

Miss H. completed her training and remained for about 2 months at this establishment, leaving to accept employment with another reweaving establishment at a salary of $35.00 per week.

This was a disappointment to the counselor and to the training facility. The counselor and the trainer, however, agreed that if Miss H. did not wish to return, it would be better for her to continue with her new employer.

Miss H. was given follow-up supervision until her case was closed in May, 1948, as rehabilitated. At closure she was earning $35.00 per week.

CASE IX. DIABETIC

Mr. I., a 20-year old, white, single man, was referred to the Vocational Rehabilitation Service in May, 1946, by an interested individual. At that time Mr. I. was attending a College of Optometry in Tennessee and wished the Vocational Rehabilitation Service to assist him with his tuition, as well as provide him with a herniorrhaphy to correct a right inguinal hernia which was causing him difficulty.

Since Mr. I. could not be contacted by the Florida counselor for a personal interview, the Vocational Rehabilitation Service office at Memphis, Tennessee was requested to do the case survey on Mr. I., including medical diagnosis.

When the Memphis office completed the portion of the case survey requested, the Polk County counselor interviewed Mr. I.'s family, determined his basis of need, obtained his scholastic history, including a transcript of his work at the College of Optometry.

Medical diagnosis revealed that he was suffering from diabetes mellitus and a large right inguinal hernia. It was pointed out that his diabetes was controlled by insulin therapy but that the hernia should be repaired.

After all factors in Mr. I.'s case were studied, it was determined that optometry was an excellent vocational objective for him. As for his herniorrhaphy, it was felt wise to defer this pending his graduation.

A plan was drawn up providing tuition to Mr. I. for his last year in the College of Optometry.. A copy of his plan was forwarded to the Memphis office of Vocational Rehabilitation Service, requesting supervision of the case while Mr. I. remained in that area.

Upon Mr. I.'s graduation and prior to his taking the Florida State Board of Optometry examinations, a supplementary plan was drawn up to provide for his herniorrhaphy. This plan was carried out and the surgery was a success.

Mr. I. failed the Florida State Board of Optometry examination, but was later placed as an assistant to a licensed, practicing optometrist in Georgia at a salary of

$50.00 per week. It was understood that after he had established residence requirements he would take the Georgia State Board of Optometry examinations in order to be fully licensed. Since Mr. I. was adequately employed and felt no further service could be rendered to him by the Vocational Rehabilitation Service, his case was closed as rehabilitated in June, 1948.

CASE X. DEAF-MUTE

Mr. J., a 37-year old, white, married man with two children, and suffering from deaf-mutism, was self-referred to the Vocational Rehabilitation Service in January, 1947.

Case study of Mr. J. revealed that he was a trained barber, having been trained by the Vocational Rehabilitation Service in 1932. From that time to the present he had found employment in various shops.

Presently his problem was that his earnings were not sufficient to support his family and he felt that with the help of Vocational Rehabilitation Service he could establish himself in his own shop in a small Polk County town which did not have a barber.

Mr. J. was given medical examinations by a local physician and later by an otologist to determine if his hearing might be restored as well as to determine if other disabilities were existent. The examining physicians offered no hope of physical restoration insofar as his hearing disability was concerned.

A study was made of the financial status of Mr. J., and he was determined to be in economical need. Following this, the counselor made a trip to the site of Mr. J.'s proposed barber shop and interviewed several of the business men, including the school principal, regarding the feasibility of opening a barber shop there. The persons interviewed were unanimous in their approval, stating that the shop would be a welcome addition to their community and that it was their opinion that Mr. J. would be able to earn a substantial income.

A plan was drawn up to provide Mr. J. with the additional equipment needed to operate his barber shop.

This plan was executed, the counselor assisting Mr. J. in securing rental and licenses, as well as providing counsel and supervision for several months. At the time this case was closed, rehabilitated Mr. J. was earning $50.00 per week and was arranging for the purchase of a building to serve both as his home and barber shop. Follow-up indicated that he was well placed and was a respected member of his community.

CASE XI. HYPERTHYROIDISM

Miss K., a 19-year old, white, single girl with a twelfth grade education, was referred to Vocational Rehabilitation Service by the Florida State Employment Service in May, 1946.

Miss K. stated that she had undergone surgical removal

of an exophthalmic goiter in 1943 and had been unable to continue as a secretary to a local lawyer.

Miss K.'s background was investigated and found to be satisfactory. Her high school record was better than average despite her illness during that period. Investigation further revealed that at the time she was working for the law concern she was attending evening classes at a local business college attempting to adequately prepare herself to do a better job.

At this time Miss K. was sent to a local physician for a general medical examination. The examining physician recommended an examination of her eyes by an ophthalmologist as well as an examination by an internist to determine the condition of her thyroid gland.

These recommendations were carried out by competent physicians whose reports indicated that the nervous condition of Miss K. was a residual of her original exophthalmic goiter but that her condition was practically normal from the standpoint of her glands. She was, however, anemic with treatment indicated. The ophthalmological examinations indicated her vision to be 20/200 in both eyes with best correction at 20/30. Her present glasses were entirely inadequate.

Miss K. was given psychometric testing and a Kuder Preference Record. Indications were that Miss K. would do well as a clinical laboratory technician. After discussing

this with Miss K. it was decided to try placing her in the laboratory of a local hospital for a two-week tryout period.

During this period it was found that Miss K., though possessing all other necessary qualifications for a clinical laboratory technician, could not draw blood from a patient. At each trial she would become faint.

After discussing this with the superintendent of the hospital, Miss K. was withdrawn and consideration was given to her next choice of vocational objective. This choice was in the field of clerical work. After deliberation on the part of Miss K. and the counselor it was determined that she be trained as a bookkeeper with additional training in office machines and filing. It had already been concluded by the counselor that Miss K.'s failure in the law firm had been due, at least in part, to inadequate training.

A plan was drawn up to provide Miss K. with the glasses prescribed for her and the medication as prescribed for her anemia. The plan also included training for a period not to exceed 8 months in a local business college, with books and supplies provided. Furthermore, Miss K. was given training maintenance for a period not to exceed 8 months to enable her to avail herself of this training.

After 7 months of training she was placed as a bookkeeper with a concern dealing in office equipment at a beginning salary of $25.00 per week. She was given followed up

supervision in employment until May, 1948, when her case was closed as rehabilitated.

CASE XII. ARRESTED PULMONARY TUBERCULOSIS

Mrs. L., a 41-year old, divorced, negro woman with a sixth grade education, was referred to the Vocational Rehabilitation Service in March, 1946, by the Florida State Tuberculosis Sanatorium.

At the time of her referral this woman was an apparently arrested case of pulmonary tuberculosis and had been given a 3-stage thorocoplasty on the left side to arrest her tuberculosis. This medical information was provided to the Vocational Rehabilitation Service by the Florida State Tuberculosis Sanatorium at the time of her referral.

After thorough investigation of Mrs. L.'s educational, economic, and social background, intelligence tests were administered and counselling begun. It was determined by general medical examination and a gyneocological examination that Mrs. L. was physically able to undertake moderately light work. During the vocational counselling it became apparent that this woman wished to learn floral designing. Her intelligence quotient as revealed by testing indicated that she could profitably undertake this vocation.

Accordingly, a plan was drawn up to provide her with 24 week's training as a floral designer. This training was

to be provided by a local negro florist with no charge for tuition. Included in the plan were provisions for training tools and materials, as well as training maintenance to enable Mrs. L. to avail herself of this training opportunity.

Training was provided and Mrs. L. was given supervision during this period. At the close of her training period she was employed by her trainer at $18.00 per week until early April, 1948, when she was provided placement equipment to open her own floral shop in her home town. She was followed up until June, 1948, when her case was closed rehabilitated at a weekly income of $25.00.

CASE XIII. POLIOMYELITIS

Mr. M., a 16-year old, white, single male, was referred to the Vocational Rehabilitation Service by the public school system. At the time of his referral he was attending high school in the twelfth grade and had a definite limp in his left leg which was atrophied and weak.

Investigations of his social and economic background revealed him to be a worthy person. Medical information obtained from a general medical examination, as well as medical reports from the orthopedist at the Florida Crippled Children's Hospital, indicated him to have a definite physical impairment of post-poliomyelitic origin. Diagnosis indicated that he had received his maximum benefit insofar

as physical restoration was concerned.

Mr. M. was given psychometric testing and vocational counselling was begun. It was determined that he was not interested in college training. Too, it was noted that his scholastic average was not sufficiently outstanding to encourage him to attend college.

As a result of counselling, Mr. M. decided to take a course in a local business college which would equip him to do secretarial or bookkeeping work.

A plan was drawn up to provide tuition for 8 months in a course covering bookkeeping and general secretarial work. Mr. M.'s parents provided his maintenance, as well as his training supplies and materials.

After 5 month's training at a local business college, Mr. M. was employed by a large lumber company as bookkeeper at a weekly salary of $40.00. His case was followed up until June, 1948, at which time it was closed as rehabilitated.

CASE XIV. VARICOSE VEINS -- LEG ULCER

Mrs. N., a 45-year old, white, widowed woman with an eighth grade education, was self-referred to Vocational Rehabilitation Service in July, 1947. At the time of her referral she was employed as a saleslady at $25.00 per week from which she was supporting herself and 4 dependents. At that time her employment was endangered due to the varicose

veins and secondary ulcers of the left leg.

A thorough investigation into Mrs. N.'s history revealed that she was an extremely worthy individual who had done her best to help herself.

Mrs. N. was sent to a local physician for a general medical examination after which he recommended hospitalization and ligation of the saphenous veins and tributaries of the popliteal veins.

This procedure was discussed with Mrs. N. who felt she would like to have this done and then return to her job as saleslady.

The counselor arranged with her employer for Mrs. N. to have time off for the outlined surgery. Her employer not only agreed to this, but also agreed to continue her salary while she was undergoing physical restoration.

The counselor arranged for this surgery to be done at the County Hospital since Mrs. N.'s economic status gave her this privilege, and since Vocational Rehabilitation Service utilizes instead of duplicates existing services.

Mrs. N. went to surgery, was hospitalized for 8 days, and had an uneventful recovery. Four weeks later she returned to her position of saleslady at $30.00 per week. She was given follow-up supervision until February, 1948, when her case was closed as rehabilitated.

CASE XV. ORTHOPEDIC

Mrs. O., a 26-year old, white, married woman who was the mother of three small children, was referred to Vocational Rehabilitation Service by an orthopedist who had examined her damaged left hand.

At the time of her referral, Mrs. O. was a housewife caring for her home and three small children. Her husband was attending school in preparation for the ministry with an income of $90.00 per month for subsistence. Mrs. O. had sustained a fracture of the left radius 3 years previously and had been treated by a local physician. The damage had resulted in a stiff wrist with loss of use of the fingers of the left hand.

An investigation of Mrs. O.'s background was made, and the findings were favorable.

It was her chief desire that the deformity of her hand be corrected to improve her ability as a housewife since her present condition was similar in many ways to a person who had suffered an amputation at the wrist.

A general medical examination was done to determine Mrs. O.'s general physical condition and a complete orthopedic report was obtained from the examining orthopedist who had referred her to the Vocational Rehabilitation Service. Necessary laboratory work was done to insure Mrs. O.'s safety in surgery.

The counselor then determined that Mrs. O. was in economic need and could not provide herself with the required surgery and hospitalization.

At this time it was decided by Mrs. O. and the counselor that her vocational problem could be solved through physical restoration. Accordingly, a plan was drawn up to provide her with surgery consisting of an osteotomy and bone graft to the right wrist, 21 days hospitalization, and necessary x-ray check-ups.

This plan was executed in detail. The orthopedist, however, found during surgery that the bone graft was not necessary and to his pleasant surprise Mrs. O. made a spectacular recovery and was able to be dismissed from hospital care after 5 days. Her recovery was also remarkable in the return of her ability to use her fingers on the damaged hand.

Mrs. O. was followed up until dismissed by the operating orthopedist, and a few weeks later her case was closed as rehabilitated as a housewife. At that time she had only a slight residual of her original disability.

## CHAPTER IV

## SUMMARY AND CONCLUSION

In the preceding pages a general introduction to the background, scope, and ramification of the Vocational Rehabilitation Service has been presented in language common to professional vocational rehabilitation workers and at the same time sufficiently non-technical that the layman can read and comprehend with ease.

Facts have been gathered and presented to illustrate the services rendered to vocationally handicapped individuals in order that they might be restored to adequate and gainful employment.

The costs of these services have been tabulated as well as an accounting made for those services obtained without cost. A true reflection of the counselor's activities are delineated.

In view of the facts presented in this paper, certain conclusions may be drawn.

Firstly, there are large numbers of persons in Polk County, according to a conservative estimate[69], who are vocationally handicapped and in need of rehabilitation. Vocation-

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[69] Supra, p. 13.

al Rehabilitation Service, however, is given opportunity to serve only about 44.4% of these cases[70], since the remainder are not known to them. Obviously, there is an increasing backlog of disabled persons who should be made aware of the services to which they are entitled.

Secondly, these persons, for the most part, are largely unemployed or unsatisfactorily employed as evidenced by their applications to the Florida State Employment Service for placement or to the State Welfare Department for assistance. These agencies in turn refer them to the Vocational Rehabilitation Service for rehabilitation before placement[71].

Thirdly, these persons are surviving which is evidence that they are at least provided for insofar as is possible by some relief agency, by family, or by friends[72].

Fourthly, the costs of their survival, whether borne by governmental agency, private agency, or by family, is a drain on the general economy of the respective communities in which they reside[73].

Fifthly, the staggering loss of man-hours of labor is

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[70] Supra, Table VIII, p. 45.

[71] Supra, Table IV, p. 36.

[72] Supra, Table X, p. 49.

[73] Supra, p. 14.

a drain on the general economy of Polk County, Florida.

Sixthly, the costs of rehabilitation services are not by any means excessive[74].

Seventhly, any ordinary business concern considers 20% return upon an investment as good business. Vocational Rehabilitation Service produces a return, allowing for two weeks vacation on the part of the rehabilitated person, of approximately 41% when federal income taxes alone are considered[75] with no consideration to the fact that these people are no longer idle and an economic drain upon their community.

Eighthly, relief tends to become permanent if no correction is made to restore the recipient to gainful employment, whereas rehabilitation gains made by the individual tend to become permanent with the individual classified as an asset rather than a liability.

Ninthly, evidence presented indicates that Vocational Rehabilitation Service in Polk County is being administered to handicapped persons according to their needs after special consideration has been given to their several abilities[76] on a fair and equitable basis.

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[74] Supra, Tables VIII - IX, pp. 45 - 47.

[75] Supra, Table X, p. 49.

[76] Supra, Tables V - X, pp. 38 - 49.

Tenthly, Vocational Rehabilitation Service, in view of the case histories[77] and above conclusions, is both economically sound and very humane in its operation both from the standpoint of the disabled individual, as well as the organization itself.

Eleventhly, Vocational Rehabilitation Service, being a division of the Florida State Department of Education and an integral part of the public school system[78], is an organization set up to provide vocational education to Florida's vocationally handicapped citizens, as well as provide such other services[79] as are necessary to their vocational adjustment. Educators should fully utilize these services for handicapped children attending the public schools who meet the age requirements in order that the handicapped child might earlier begin to benefit from them.

Twelfthly, since Vocational Rehabilitation Service is an integral part of the public school system[80], meeting the needs of vocationally handicapped persons of all employable ages both in school and out, educators should make every effort to acquaint their respective communities with the ex-

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[77] Supra, pp. 55 - 81.

[78] Supra, p. 19.

[79] Supra, p. 2.

[80] Supra, p. 19.

isting services available to them.

The twelve foregoing conclusions being true lead to the thirteenth and final conclusion, that Vocational Rehabilitation Service is a going, educational concern, economically sound in every respect, humane in its relations, and ever seeking the cooperation of other agencies interested in the rehabilitation of the disabled; an organization whose services may be made more effective by more and better types of referred cases, since the total cases in process for the period under study amounted to only 350, whereas there are an estimated 787 cases in Polk County needing rehabilitation services[81].

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[81] Supra, p. 13.

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